PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10024616

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TO	OTAL CLAIMS		/					RATE	FEE	7	RATE	FEE
FC	DR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	6 minus 20=		*			X\$ 9=		OR	X\$18=	
INC	EPENDENT C	LAIMS	2 minus 3 =		*			X43=	 -	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, er					"0" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									L] • · ·	OTHER	THAN
,		(Column 1)	(Colum			(Column 3)	1 .	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	+	Minus	***	<u> </u>			X43=		OR	X86=	
		NTATION OF MU	JUITPLE DEF	ENDENT	CLAIM		! [+145=		OR	+290=	
(column 1) (Column 2) (Column 3)								TOTAL			TOTAL ADDIT. FEE	
(Column 1) (Column 3) OR ADDIT. FEE OR ADDIT. FEE											-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= · ·		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF ML	Minus	###	CL AIM	= .		X43=	•	OR	X86=	
L_	FIRST PRESE	INTATION OF MIC	LITPLE DEF	ENDENT	CLAIIVI	·	, L	+145=		OR	+290=	
								TOTAL DDIT, FEE	•	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2		(Column 3)			• •			•
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		.		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***	0.404	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									·	OR ,	TOTAL ODIT. FEE	
	f the "Highest Nu The "Highest Nurr	mber Previously Paid ober Previously Paid	id For" IN THIS I For" (Total or	S SPACE is Independe	less than ht) is the	n 3, enter "3." highest numbe			ropriate box			